

THE LIST TO LEAVE BEHIND

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MANY years ago I heard one young housekeeper say of another: "I don't think much of John's wife, she's always asking how to do things. Yesterday she asked me how to cook a beefsteak. I told her it didn't take anything but a little common-sense—and a beefsteak."

Whenever I am asked about the care of babies I am reminded of this and tempted to answer, "It takes nothing but a little common-sense—and a baby." Once I did make this reply and received the rejoinder, "Yes,—but babies are common, while common-sense is rare." This lady was a little hard on her sex. Common-sense in general, certainly is not rare; but nowadays that particular kind of intuition needed for the easy and successful care of young babies seems not to be the natural possession of all women that it was once believed to be. A chief reason for this is, the small families which have prevailed during the last generation. In the large families which were formerly the rule, the daughters were used to the constant addition of babies to the household, had to help in their care, and developed a certain amount of instinct in child-nurture as naturally as they learned cleanliness and sewing. Infant mortality was high in those days. The smaller families and healthy book-raised children are better assets of national wealth: but with the improvement has come this difference, many growing girls have no experience with little children in their own homes, and it is common to find young mothers twenty or twenty-five years old, who have never even seen a small baby until their own are born. It is these who are most in need of careful teaching, and are usually apt pupils, for while their lack of instinct as to what to do for their babies is often discouraging, having few ideas on the subject they have nothing to unlearn and can be taught aright from the beginning. It is these who nearly always ask for written rules for the care of their babies and in my experience nothing is more common than the request, "Won't you write down all these things you have told me? Make a list to leave behind when you go." This "list to leave behind" should be made thoughtfully and carefully, that it may represent and carry on the nurse's best principles in the care of her little charge.

Before the birth it is no use to discuss with the mother, the care and bringing-up of her baby—this is much better taught (and immeas-

urably better learned) by example as daily occasion arises. During the first fortnight after the baby's advent it is needless to draw the mother's attention to more than the time and length of nursing, the cleansing of her own nipples and the baby's mouth and the amount of water given to drink. When she begins to sit up the baby will have "straightened out" into a normal little individual, and she should be taught to observe, learn and understand the whole routine of its daily care and progress. Most young mothers respond well to this teaching, even if they expect to employ nurse-maids. Here and there, however, one meets a woman who enjoys the novelty of her baby but is frankly bored by instruction and has not the slightest intention of assuming the responsibility of its care. In these cases the best that one can do is to insist on the early engaging of a well recommended child's nurse who can come to the house long enough before the trained nurse leaves for the latter to assure herself that the baby is passing into competent hands. Even in the case of an interested and conscientious mother, if she is herself inexperienced, then urge that the search for a reliable nurse-maid be begun early and pushed tirelessly until a suitable one is found. My work has taught me that attention to this is a very important part of a nurse's duty and one in which she must early stir herself, since few young parents realize the difficulty of finding, and the importance of securing, a really desirable woman.

But even with the nurse-maid secured, the mother generally wants her list of rules. This may be brief, only serving as a reminder of the things already taught. Too much should not be left until late in the month; for if the nurse has been, from the beginning, patient, careful and accurate in answering all questions and explaining all details, the mother will avoid the mistake of feeling the care of her child to be a very intricate and complicated process; and will have grown to feel that, though she has still much to learn it is, after all, a very reasonable matter calling mainly for common-sense and a certain sympathetic ability to understand things from the baby's point of view. Below, under headings, are the main points of what should be the nurse's teaching, given daily during her stay and outlined by the instructions which she leaves.

1, Mother's Hygiene. As far as possible the nursing mother should eat all ordinary foods and drink plenty of fluids beside one full quart of milk daily. Sometimes one particular article will always give the baby colic, and when this is so after repeated trials, that article had best be avoided. In general, however, though various foods may disturb the baby temporarily, his stomach will soon accommodate itself to them and cease to give trouble. It is much better in every way, and conducive to a

much better supply of good milk, that the mother should follow a substantial diet of all the ordinary foods.

The mother should in every way lead as healthy a life as she can, but even if she is careless in other respects, as many young women are, a wise nurse will not fail to impress upon her the importance of proper care of her bowels. If she becomes constipated, as is the tendency with most modern women, her milk will be deficient in fat and the immediate result will be a fretful, unsatisfied baby, not gaining in weight and with sluggish bowels. A nurse cannot too carefully impress this on every mother's memory, carefully explaining cause and effect.

It has been suggested that the mother should continue sterile dressings on her breasts after the nurse leaves. It seems too much to ask any woman to take the trouble to make or use such dressings, even if we could honestly say they are necessary, which as a matter of fact they are not. If the mother keeps up the practice of bathing her nipples with boric solution before and after nursing, it is quite enough. This much we should urge her to continue to do, for cleanliness and safety's sake.

2, *Baby's Hygiene*. Besides the daily bath there are some parts of the child which need special attention and care. The eyes are washed daily with warm boric or salt solution; for a "clean" baby this will be enough, if infection appears in three or four days any treatment ordered may be begun. This is usually a 2 per cent solution of nitrate of silver, dropped into the eyes with a glass dropper, followed by flushings with boric solution every quarter or half hour. This should be done with a dropper, if pledgets are used they must be soaked with solution, and no pledget which has touched an eye used a second time. The child's head should be turned from side to side and the lower eye wiped from the nose toward the outer corner, to prevent infection of one eye from another. Sometimes infection appears late, after the physician has stopped his visits; in this case the nurse is justified in herself promptly taking these measures: and in fact wherever a nurse has persistent difficulty in keeping a baby's eyes perfectly clear, it is the wisest course for her to use the silver a day or two before she leaves, so that on her departure she may feel sure his eyes are in good condition and need only the daily boric washing.

The mouth should be washed before nursing, but not afterward, as the baby is then falling asleep and should not be disturbed. In order not to scratch the delicate membranes, it is best not to put the finger into the mouth but to insert a good-sized pledget soaked in boric acid and, while the child sucks upon it, to move it gently and thoroughly all around the cavity.

It sometimes happens that the umbilical cord is still on when the doctor ceases to visit the mother; sometimes, too, people of moderate means employ a trained nurse "until the baby's cord comes off." In these cases, after the second week or so the doctor will be willing to interfere; or, if the doctor has ceased his visits, the nurse can herself get a 10 per cent solution of silver nitrate and with a small camel's-hair brush paint thoroughly the drying stump, taking great care not to touch the baby's skin. Two applications of the silver, two days apart, should remove the cord and the aftercare of the navel consists merely of powder and cotton dressing.

The buttocks must receive attention at every changing of the diaper, and if ordinary talcum does not suffice to prevent chafing, the skin must be kept covered with lanolin and dusted with lycopodium. Wherever this condition is severe and persistent it should be brought to the doctor's notice as it is often a sign for some alteration in the food. An excess of sugar in the food leads to fermentation in the stomach which makes the stools very irritating or "scalding." The young mother should learn that any rash, or severe chafing around the buttocks is sufficient reason for consulting a doctor for her child.

Nor can the mother be too carefully taught the care which the genitals require. With a boy baby the doctor will, on the fourth or fifth day, draw back the prepuce and break up any adhesions which may exist. Thereafter the nurse must do this every morning at the bath, cleansing every crevice thoroughly. The mother and nurse-maid must be taught how to perform this service gently, quickly and thoroughly, at the same time with just as little handling of the parts as possible. The dangers of neglect, or of too much handling, should be equally impressed upon the mind of anyone who is to have the care of a little boy. A girl child generally retains in the folds of her genitals, traces of the vernix caseosa which do not wash away sometimes for ten days or more. Keeping the parts well covered with vaseline is all that can be done, and will soon remove these traces. But at every changing of the diaper a little vaseline or cold cream should always be put between the labia, in all little girls, and the person who is to have the later care of them should be taught to continue this practice.

3, *Colic* is a time-honored bugbear which all grandmothers and "old family friends" thrust at a trained nurse with an air of triumph, as the one thing which she cannot expect to prevent. Really nothing is more easy, if she feeds the baby intelligently and conscientiously, and "gently but firmly" discourages any interference with the baby and his routine. In cold weather (or, with a small or delicate baby, in any

weather) a hot water bag near the child's stomach after nursing, as it goes into its crib to sleep, is practically a sure preventive for colic. The mother should learn that the hot water bag is used, not because the baby is himself cold, but because the little body does not always itself furnish enough heat to carry on digestion properly, therefore the use of extra heat to prevent indigestion. If this does not suffice, essence of peppermint is easily procured and one drop in an ounce of hot sweetened water quickly routs the foe. Paregoric the mother must be strictly taught to avoid, because of its constipating action. If there is any reason to suspect the food-supply of a colicky baby, the mother's milk should be analyzed. If trouble exists, it is usually with her, not with the child.

4, *Feeding* is the most important problem of the baby's care, but fortunately, in this day, usually a simple one. All nurses are taught, and are capable of teaching, the proper time, interval and length of nursings, how to watch the weight and the movements, to prepare modified milk and the cleanly care of all utensils connected with the food. These things must be taught to the mother until she thoroughly understands, not only what to do, but how to do it *right*, and why each thing is done as it is. My experience is, that this is the hardest of all subjects to teach to inexperienced women, since they will often learn mechanically to make up the milk, without in the least grasping the principles of the process—that inexorable “*Reason Why*” which governs every detail. A schedule of the feeding hours should be made out and left with her for her constant reference, with instructions also on the variations which can be safely allowed; but during the whole of the nurse's stay she should lose no proper opportunity to impress on the mother the prime necessity of care in this respect, the changes in the composition of breast milk from nursing at too short or long intervals; the effect upon it of her own physical or mental condition; the harm done the baby by feeding him too often, or too large a quantity at once. She must also be taught the need of keeping the baby awake and nursing as steadily as possible, of making it take the full amount in its bottle, and of letting it go directly to sleep as soon as it is fed. This would seem a simple matter, yet we constantly find women who let the baby fall asleep against the comfortable warmth of the breast almost as soon as it is put there, or let it nurse by fits and starts in order to play with it, or keep it awake after nursing for the same reason. The young mother should be given time to do all her petting and playing with her baby, and exhibiting it to friends, before beginning a nursing: once begun, nursing, she must be made to feel, is a serious business, to be attended to with serious business-like accuracy.

It is best to have every mother's milk analyzed about the third week, when it can be learned whether or not any corrective feeding is necessary. Mother's milk is often deficient in fat and needs supplementing by cream-and-water mixture. Even when the analysis is good, most children are given bottles part of the time, so that modified milk must be made daily. While most babies will, from the first, thrive on the usual formulæ, there are many with whom careful and patient experimenting is needed before exactly the right combination is found. A wise nurse will therefore begin early enough, so that at her departure she may leave the baby well established on a milk which exactly suits him.

There is one point on which we find much erring—the size of the holes in rubber nipples. Most people use such fine holes that the baby, except an unusually large and vigorous one, gets tired of the effort to draw the milk and either drops to sleep nibbling fruitlessly on the nipple, or cries protestingly while the family cannot understand “why he doesn't want his milk”—the milk which he does want, but cannot get! Most of the nibbling and sucking habits are begun this way—distressing habits, hard to break and, the medical book tells us, dangerous to both health and morality. The nipple hole should be burned with a wire hairpin, and should always be large enough to let the milk drop through slowly and easily when the bottle is held inverted. It is certainly reasonable that a small, weak or delicate baby needs a large hole in the nipple, that he may obtain his food without expending much energy in the effort: if any child needs a fine hole it is the strong vigorous child who sucks ravenously and gets his food too fast.

5, *Water*, the young mother should learn, is a prime necessity for her baby, along with fresh air, daily food and bath. Even before the milk appears, two or three ounces of hot sweetened water can be given daily (in a bottle, not a spoon, that the child may learn from the first to draw on the nipple); while four or six ounces daily may be taken by a baby approaching a month old, in addition to its routine food. All water should be sweetened, fifteen grains to the ounce (one teaspoonful in four ounces), since it is then more quickly and easily absorbed than if given plain,—an important point when the baby demands a drink not long before feeding time.

6, *Bowels*. After the mother has learned the proper character of the movements she should be taught judgment as to the number she expects. Babies do not go by rule in this respect; and while the size of the movements is usually in relation to their number and frequency, a daily movement should not be expected or required. Teach the mother to wait until the middle of the second day without an action, before she

interferes to hurry nature: and when interference is necessary, let her avoid irritating the delicate rectum with soap-sticks, suppositories or enemata, thereby lowering its muscular tone and natural activity,—but instead of these, let her learn to add a teaspoonful of olive oil to the next bottle feeding. This is well taken, and gives a free good movement in about four hours. It is the best of all purgatives for a baby because of its gentleness and efficiency, beside being nourishing and fattening.

7, *Exercise* is a need which seldom occurs to adults as necessary for a young baby. We know, and must teach, that the baby gets most of its exercise by crying, and that a moderate amount of crying “when nothing in the world is the matter” is good not only for the lungs but for every muscle of the small body which spends so many inactive hours in sleep. Discourage the tendency to tuck the child firmly under all its bedclothes, or to keep it snugly wrapped in a shawl when on the lap. The baby may be well fed, well kept, and spend much time in the open air, but unless it gets necessary exercise with lungs, arms and legs, its flesh will be flabby and it will take cold easily and constantly. Aids to this end also are, the regular turning of the baby from one side to the other every time it is laid back in the crib after nursing, and the change of position it gets by being held over the shoulders or across the knee; in these ways we relieve the helpless little muscles from the monotony of positions which they cannot alter. An old medical book, speaking on this subject says: “At his daily visit the Doctor should question the mother and nurse about the crying of the child, as to whether it cries sufficiently. If he shall satisfy himself that the crying is not enough, or if there is doubt upon the point, then the doctor on his daily visit shall make it his duty to diligently spank the child until it shall have cried the necessary amount.”

8, *Sleep* is the natural condition of young babies, but there are many children of elderly or nervous parents, or born into noisy households or other unfavorable conditions, who after the first week do not sleep as well as they should and need to be induced in every way. Here the nurse must be alert to lay aside, if needful, her usual ideas and methods of training the baby, and devote herself to teaching it to sleep; for the *habit* of sleeping is just as necessary to its health as regular feeding and can be taught in much the same way, by—in any way—getting the baby to sleep as soon as possible after each nursing. Sometimes the trouble is indigestion, when a hot water bag, or holding over the shoulder or knee, will relieve it and bring sleep. It should be remembered that babies, particularly large ones, do not digest their food easily while on their backs, and must lie on the side or preferably the stomach, after being fed. If the young mother, or any member of the household has

strong ideas of "training the baby properly" and object to the holding, it can always be urged above all objection that for the baby's health, and the comfort of the household, there is nothing, not even accurate feeding, more necessary than steady cultivation of the sleep habit.

9, *Medical Supervision.* But even a month or six weeks of careful and most friendly teaching can impart to the mother only a very small part of what she needs to know for her guidance in caring for her first baby. To guard against the woebegone feeling of over-responsibility and utter helplessness with which so many approach the care of their own children when the trained nurse departs, the best we can do is to leave the mother protected by the best aids—a good book and a good doctor. No mother who has Dr. Emmett Holt's "Care and Feeding of Children" can go far wrong, and will learn from it from day to day, as the safest possible guide to her actions while she is acquiring that "gathered knowledge of the years" which will give her self-confidence. Also let the nurse urge each pair of young parents to choose promptly a doctor who shall be the baby's "family physician:" have him come once before the nurse leaves, to see the baby—inspect its eyes, mouth, navel, genitals and whole body, its weight record, its stools, and learn the composition and amount of its food. If the family means will permit, urge on the parents the wisdom as well as economy, of having the doctor visit the baby at regular intervals to watch its progress and keep it in health. If the nurse can accomplish these two final things, she may conscientiously feel that she has done her full and last duty by both child and mother—and leave the house with the comfortable knowledge that, so far as in her lay, she has done everything possible to make smooth for them both the "rough road to learning *how*."



WE find modern cities crowded to-day in a way quite unprecedented; statistics show, for instance, that New York contains districts more densely populated than any other known region of equal area. But this is really a compliment to modern sanitary science, which has made possible the building of higher houses by adequate systems of plumbing and by the introduction of sewerage facilities into streets. Thus ten times or a hundred times the number of people can live in fair health in a place which was formerly fatal.—*Journal American Medical Association.*